

CLINICAL PRIVILEGE WHITE PAPER

Maternal-fetal medicine

Background

Maternal-fetal medicine (MFM), also known as perinatology, is the subspecialty of OB/GYN that focuses on complicated pregnancies. According to the Society for Maternal-Fetal Medicine (SMFM), an MFM specialist requires advanced knowledge of the obstetrical, medical, genetic, and surgical complications of pregnancy and their effects on the mother and fetus. Specifically, he or she has special competence in diagnosing and treating women with complications of pregnancy, preexisting medical conditions that may be affected by pregnancy, and medical conditions that affect pregnancy.

MFM specialists also provide to patients and other physicians education and research about cutting-edge approaches for diagnosing and treating obstetrical problems.

Healthcare providers typically refer women to MFM specialists for care and consultation when a patient is considering pregnancy and knows that she is at risk, or when she is pregnant and existing factors place her at high risk. According to the SMFM, MFM patients most commonly include the following:

- Women undergoing diagnostic or therapeutic procedures (e.g., comprehensive ultrasound, chorionic villus sampling, and genetic amniocentesis)
- Women with medical and surgical disorders (e.g., heart disease, high blood pressure, and diabetes)
- Women with fetuses at markedly increased risk of adverse outcome (e.g., abnormal alpha-fetoprotein blood test, recurrent preterm labor and delivery, and suspected fetal growth restriction)
- Any antepartum woman admitted for reasons other than delivery and women with postpartum complications (e.g., severe hemorrhage, refractory infections, complicated preeclampsia, eclampsia, and difficult postcesarean complications)

MFM specialists complete four years of residency training in an OB/GYN program accredited by the Accreditation Council for Graduate Medical Education (ACGME), followed by three years of fellowship training in MFM. The American Board of Obstetrics and Gynecology (ABOG) offers subspecialty certification in MFM.

Core privileges in MFM include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g., maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease).

Please replace *Clinical Privilege White Paper, Maternal-fetal medicine—Practice area 103*, with this updated version.

The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Involved specialties

Obstetricians, perinatologists, obstetrical anesthesiologists, neonatologists, pediatricians, family medicine practitioners, and geneticists

Position of societies and academies

SMFM

The SMFM is a 2,000-member organization for OB/GYNs who have additional formal education and training in MFM. With regard to education and training, the SMFM states that an MFM specialist is a physician who has completed two to three years of MFM fellowship training in an ABOG-approved program after completing an accredited four-year OB/GYN residency. According to the SMFM, fellowship training is required to provide additional education and practical experience, enabling practitioners to gain competence in the various obstetrical, medical, genetic, and surgical complications of pregnancy.

The SMFM recognizes that MFM specialists complement OB/GYNs in providing consultations, comanagement, or direct care for patients with complications both before (preconception counseling) and during pregnancy. The relationship between an MFM specialist and an OB/GYN often depends on the acuity of the patient's condition and circumstances specific to the facilities of the treating physicians. MFM specialists also commonly collaborate with family medicine physicians and certified nurse-midwives.

The SMFM does not publish guidelines for the delineation of clinical privileges in MFM.

ACOG

The American College of Obstetricians and Gynecologists (ACOG) advocates for women's healthcare, provides continuing education for its members, and promotes patient education in medical care. ACOG members include generalists and subspecialists in areas such as MFM, gynecologic oncology, reproductive endocrinology, and urogynecology.

The ACOG states that OB/GYNs may choose a scope of practice ranging from primary ambulatory healthcare to concentration in a focused area of specialization. The organization

jointly publishes *Guidelines for Perinatal Care* with the American Academy of Pediatrics. The guidelines define basic, specialty, and subspecialty levels of perinatal care, but do not delineate privileging guidelines specific to MFM.

To become an ACOG fellow, applicants must satisfy the following minimum requirements:

- Be board-certified in OB/GYN
- Have completed an OB/GYN residency program within the geographic confines of the ACOG
- Have an active license to practice medicine
- Show continuous limitation of training and/or professional activities to obstetrics and/or gynecology for five years immediately prior to the date of application
- Show they have practiced in the same community from which application is made for a minimum of 12 months prior to submission of application
- Adhere to high ethical and professional standards
- Submit two endorsements from active fellows of the ACOG

AOA The American Osteopathic Association (AOA) and the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) jointly publish *Basic Standards for Fellowship Training in Maternal and Fetal Medicine*. The document outlines the minimum requirements for applicants who seek fellowship training in MFM as follows:

- Have graduated from an AOA-accredited college of osteopathic medicine
- Have satisfactorily completed an AOA-approved residency program in OB/GYN
- Be, and remain a member of, the AOA during fellowship training
- Be appropriately licensed in the state in which training is conducted
- Have applied for the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) general OB/GYN certification exam and have taken the written portion of the exam prior to matriculating for the fellowship

Positions of other interested parties

ABOG

In addition to certifying OB/GYNs, the ABOG also offers subspecialty certification in MFM to applicants who satisfy the following minimum requirements:

- Hold a certificate in OB/GYN through the ABOG
- Complete an ABOG-approved MFM fellowship training program

- Complete a written examination that demonstrates advanced knowledge in MFM
- Submit a thesis concerning MFM based on clinical or basic research
- Submit a list of all patients in whose care the applicant had significant participation during a one-year time period

AOBOG The AOBOG grants subspecialty certification in MFM. Certification of applicants in this subspecialty after June 1, 2002, is time-limited and requires recertification every six years. Certification granted prior to June 1, 2002, is for life and does not require recertification. Continued membership in the AOA is required in order for certification to remain active.

Candidates for subspecialty certification must satisfy the following requirements in order to receive a certificate:

- Hold a certificate in OB/GYN from the AOA, through the AOBOG
- Have received approval of all years of subspecialty training from the ACOOG
- Have received AOA approval of all ACGME subspecialty training
- Prepare logs reflecting a minimum of 24 months of the most recent clinical activity begun after completion of the subspecialty training program
- Author a research paper that is published or accepted for publication in a peer-reviewed journal
- Hold a current unrestricted medical license to practice in the state(s) or territory where practice is being conducted
- Be a member in good standing of the AOA for two continuous years immediately prior to certification
- Show evidence of conformity to the standards, as set forth in the AOA's code of ethics

The Joint Commission The Joint Commission (formerly JCAHO) has no formal position concerning the delineation of privileges for nuclear cardiology. However, in its *Comprehensive Accreditation Manual for Hospitals*, the Joint Commission states (MS.4.10): "The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege."

In the rationale for MS.4.10, The Joint Commission states that there must be a reliable and consistent procedure in place to process applications and verify credentials. The organized medical

staff then reviews and evaluates the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states (MS.4.20): “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege.”

In the EP for standard MS.4.20, The Joint Commission says the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states (MS.4.40): “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal.”

In the EP for MS.4.40, The Joint Commission says there is a clearly defined process that facilitates the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.

Minimum threshold criteria for requesting core privileges in MFM

Basic education: MD or DO

Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency program in OB/GYN, followed by successful completion of an ABOG- or AOA-approved fellowship program in MFM, and/or current subspecialty certification or active participation in the examination process [with achievement of certification within (n) years] leading to subspecialty certification in MFM by the ABOG or achievement of a certificate of special qualifications by the ABOG.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care to at least 25 patients, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

References A letter of reference must come from the director of the applicant's MFM fellowship program. Alternatively, a letter of reference may come from the head of OB/GYN at the institution where the applicant most recently practiced.

Core privileges in MFM Core privileges include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g., maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies, and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to:

- Chorionic villus sampling
- Diagnostic laparoscopy
- Fetoscopy/embryoscopy
- Genetic amniocentesis
- In utero fetal shunt placement
- In utero fetal transfusion
- Interoperative support to obstetrician as requested, including operative first assist
- Laparoscopic enterolysis
- Obstetrical ultrasound, including Doppler studies
- Percutaneous umbilical blood sampling
- Performance of history and physical exam

Special requests in MFM For each special request beyond the core, threshold criteria (e.g., additional training or completion of a recognized course and required experience) must be established.

Reappointment

Reappointment should be based on unbiased, objective results of care, according to the organization's quality assurance mechanisms. Applicants must be able to demonstrate that they have main-

tained competence by documenting that they have successfully managed MFM conditions for least 25 patients annually over the reappointment cycle.

In addition, continuing education related to MFM should be required.

For more information

For more information regarding this practice area, contact:

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60610-4322
Telephone: 312/755-5000
Fax: 312/755-7498
Web site: www.acgme.org

American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Telephone: 214/871-1619
Fax: 214/871-1943
Web site: www.abog.org

American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20090-6920
Telephone: 202/638-5577
Fax: 202/484-5107
Web site: www.acog.org

American College of Osteopathic Obstetricians and Gynecologists
8851 Camp Bowie West, Suite 120
Fort Worth, TX 76116
Telephone: 817/377-0421
Fax: 817/377-0439
Web site: www.acoog.com

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 800/621-1773
Fax: 312/202-8200
Web site: www.osteopathic.org

American Osteopathic Board of Obstetrics and Gynecology
1010 Dixie Highway Suite 313
Chicago Heights, IL 60411
Telephone: 708/755-2490
Fax: 708/755-2495
Web site: www.aobog.com

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: www.jointcommission.org

Society for Maternal-Fetal Medicine
409 12 Street, SW
Washington, DC 20024
Telephone: 202/863-2476
Fax: 202/554-1132
Web site: www.smfm.org

Privilege request form Maternal-fetal medicine

To be eligible to request clinical privileges in MFM, an applicant must meet the following minimum threshold criteria:

- ▶ Basic education: *MD or DO*
- ▶ Minimum formal training: *Successful completion of an ACGME- or AOA-accredited residency program in OB/GYN, followed by successful completion of an ABOG- or AOA-approved fellowship program in MFM, and/or current subspecialty certification or active participation in the examination process [with achievement of certification within (n) years] leading to subspecialty certification in MFM by the ABOG or achievement of a certificate of special qualifications by the AOBOG.*
- ▶ Required previous experience: *Applicants for initial appointment must be able to demonstrate provision of care to at least 25 patients, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.*
- ▶ References: *A letter of reference should come from the director of the applicant's MFM fellowship program. Alternatively, a letter of reference may come from the head of OB/GYN at the institution where the applicant most recently practiced.*
- ▶ Core privileges in MFM: *Core privileges in MFM include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g., maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to:*
 - *Chorionic villus sampling*
 - *Diagnostic laparoscopy*
 - *Fetoscopy/embryoscopy*
 - *Genetic amniocentesis*
 - *In utero fetal shunt placement*
 - *In utero fetal transfusion*
 - *Interoperative support to obstetrician as requested, including operative first assist*
 - *Laparoscopic enterolysis*
 - *Obstetrical ultrasound, including Doppler studies*
 - *Percutaneous umbilical blood sampling*
 - *Performance of history and physical exam*

- Reappointment: *Reappointment should be based on unbiased, objective results of care, according to the organization's quality assurance mechanisms.*

Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully managed MFM conditions for least 25 patients annually over the reappointment cycle.

In addition, continuing education related to MFM should be required.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician's signature: _____

Typed or printed name: _____

Date: _____

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